## **CLAIMS ONLY**

SERIAL NO. FILING DATE

APPLICANT(S)

CLAIMS

| IND.   DEP.   IND.   IND.   DEP.   IND.      |                 | AS   | FILED         |             | AFTER 1st AMENDMENT |               | AFTER<br>2nd AMENDMENT |  |
|--|-----------------|--|---------------|-------------|---------------------|---------------|------------------------|--|
| 2 3 4 5 6 6 7 7 8 8 9 1 10 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  |                 | IND.   | DEP.          |             |                     |               |                        |  |
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| 9  | 7               |  |               |             |                     |               |                        |  |
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| 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 31 32 33 34 35 36 37 37 38 39 40 41 42 43 44 45 46 47 48 49 50  TOTAL IND. TOTAL IND. TOTAL IND. TOTAL IND.  | 10              |  |               |             |                     |               |                        |  |
| 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 29 30 31 32 33 34 35 36 37 j 38 39 40 41 42 43 44 45 46 47 [ 48 49 50  TOTAL INDIAL DEEP.  | 11              |  |               |             |                     |               |                        |  |
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| 18   |                 | <u> </u>   |               |             |                     |               |                        |  |
| 19 / 20   21   22   23   24   25   26   27   28   29   30   31   32   33   34   35   36   37   38   39   40   41   42   43   44   45   46   47   48   49   50   TOTAL IND. TOTAL DEP. TOTAL DEP. TOTAL DEP. TOTAL DEP. TOTAL DEP. TOTAL TOTAL TOTAL DEP. TOTAL TOT |                 | <b>_</b>   |               |             |                     |               |                        |  |
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| 21   | 19              |  |               | _           |                     |               |                        |  |
| 22   | <u> </u>        | <u> </u>   |               |             |                     |               |                        |  |
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| 48 49 50 TOTAL IND. TOTAL DEP. TOTAL   |                 | <del>                                     </del>   |               |             | -+                  |               |                        |  |
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| IND. TOTAL DEP. TOTAL  | TOTAL           | <del>  '- </del>   | <del></del> + |             | <del></del> -       | <del></del> + |                        |  |
| DEP.   | IND.            | <b></b>  | _₽ ↓          |             | _#                  |               | _ <b>!</b>             |  |
| TOTAL 1  | DEP.            |  | j             |             | _                   |               | -                      |  |
| TOTAL CLAIMS   | TOTAL<br>CLAIMS |  |               |             |                     |               |                        |  |

| s               |  |          |  |             |          |             |
|-----------------|--|----------|--|-------------|----------|-------------|
|                 | *  |          | *  |             | *        |             |
|                 | IND.   | DEP.     | IND.   | DEP.        | IND.     | DEP.        |
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| 67              | <del> </del>                                     |          | <del> </del>                                     |             |          |             |
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| 73<br>74        | <del>-</del>                                     |          | +  |             |          |             |
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| 80              | 1  |          |  |             |          | <u> </u>    |
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| 97              |  |          |  |             |          |             |
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| 99              |  |          |  |             |          |             |
| 100             |  |          |  |             |          |             |
| TOTAL<br>IND.   |  |          |  |             |          |             |
| TOTAL           | <u> </u>   | <b>—</b> |  | <b>←*</b> ∤ |          | <b>-</b> *  |
| DEP.            | · 1  | -        | la l         |             |          |             |
| TOTAL<br>CLAIMS | L  |          |  |             |          |             |

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM **PTO-2022** (1-98)

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